

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 19, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Super Taco II, 500 Westgate Boulevard requesting a class I liquor license.

This location was previously known as Lorenzo's which held a class I liquor license

Rogelio Arias, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Arias will be omitted as he is a currently approved liquor license manager.

Mr. Arias completed the required training on February 14<sup>th</sup> 2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

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NEBRASKA LIQUOR  
CONTROL COMMISSION

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

### MISCELLANEOUS

	Application Fee	Bond Required
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/> O Boat	\$ 95.00	none
<input type="checkbox"/> V Manufacturer		
<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/> W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/> X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/> Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering license (K) expires same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☒ Partnership License (requires insert form 2)  
☐ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) SUPER TACO II

Street Address #1 500 West gate Blvd.

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68528

Premise Telephone number (402) 805-9437

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission) city

Name SUPER TACO

Street Address #1 5501 Holdrege St. Suite 'D'

Street Address #2 \_\_\_\_\_

City Lincoln State Nebraska Zip Code 68504

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

See Attached

# APPLICANT INFORMATION

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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## 2. Are you buying the business and/or assets of a licensee?

☒ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

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CONTROL COMMISSION

## 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

## 4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☒ NO

If yes, list the lender

## 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☒ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

## 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☒ NO

If yes, list such items and the owner.

## 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☒ YES ☒ NO

If yes, explain.

**No silent partners**

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

U.S. Bank Rogelio & Maria Arias.

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

79020/SUPER TACO

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Rogelio Arias	12/07	SUPER TACO
Maria Arias	12/07	SUPER TACO

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date 08/31/2011
- ☐ Deed
- ☐ Purchase Agreement

14. When do you intend to open for business?

Restaurant. 2 ASAP

15. What will be the main nature of business?

16. What are the anticipated hours of operation?

M-Sunday - 10:00-10:00.

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, Nebraska	1996	now	Lincoln, Nebraska	1996	Now
Rogelio Arias			Maria Arias		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Rogelio Arias  
Signature of Applicant

Maria Arias  
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

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State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this 4th day of June, 2009 by

ROGELIO ARIAS

Holly Erickson  
Notary Public signature

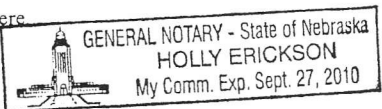
County of LANCASTER

The foregoing instrument was acknowledged before me this 4th day of June, 2009 by

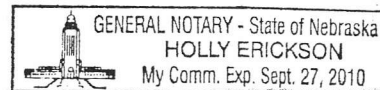
MARIA ARIAS

Holly Erickson  
Notary Public signature

Affix Seal Here



Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.





**APPLICATION FOR LIQUOR LICENSE  
PARTNERSHIP  
INSERT - FORM 2**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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Partner(s), including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Primary Partner may be required to take a training course

*INS  
paperwork  
enclosed*

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

Last Name: Arias  
First Name: Rogelio MI: \_\_\_\_\_  
Home Address: 5211 London Road. City: Lincoln Zip Code: 68516  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Telephone Number: (402) 805-9437  
Drivers License Number: \_\_\_\_\_ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Arias  
Spouses First Name: Maria MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State: NE



Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: Arias  
First Name: Maria MI: \_\_\_\_\_  
Home Address: 5211 London Road City: Lincoln Zip Code: 68516  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Telephone Number: (402) 805-0101  
Drivers License Number: \_\_\_\_\_ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Arias  
Spouses First Name: Rogelio MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State: NE

If necessary, this page can be copied for additional partner information

In compliance with the ADA, this partnership insert form 2 is available in other formats for person with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

# THE UNITED STATES OF AMERICA

## CERTIFICATE OF



No. 29645893

## NATURALIZATION

*Personal description of holder  
as of date of naturalization:*

*CIS Registration No.* A072268470

*Date of birth*

*I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.*

*Sex:* FEMALE

*Height:* 5 feet 5 inches

*Maria Arias*  
(Complete and true signature of holder)

*Marital status:* MARRIED

*Be it known that, pursuant to an application filed with the Secretary of  
Homeland Security*

*Country of former nationality:*  
MEXICO

*at:* OMAHA, NEBRASKA

*The Secretary having found that:*  
MARIA ARIAS



*then residing in the United States, intends to reside in the United States when so  
required by the Naturalization Laws of the United States, and had in all other  
respects complied with the applicable provisions of such naturalization laws and  
was entitled to be admitted to citizenship, such person having taken the oath of  
allegiance in a ceremony conducted by the*

US DISTRICT COURT STATE OF NEBRASKA

*at:* OMAHA, NEBRASKA

*on:* OCTOBER 19, 2007

*that such person is admitted as a citizen of the United States of America.*

*Michael H.*

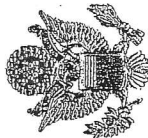
*Director, U. S. Citizenship and Immigration Services*

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PRINT OR PHOTOGRAPH THIS CERTIFICATE,  
WITHOUT LAWFUL AUTHORITY.

DEPARTMENT OF HOMELAND SECURITY

UNITED STATES OF AMERICA

No. 24583594



DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

Personal description of holder  
as of date of naturalization:

INS Registration No. A92 680 761

I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.

Sex: Male

Height: 5 feet 9 inches

Marital status: Married

Country of former nationality: Mexico

ROGELIO ARIAS  
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Attorney General

at: Omaha, Nebraska

The Attorney General having found that:

ROGELIO ARIAS



then residing in the United States, intends to reside in the United States when so  
required by the Naturalization Laws of the United States, and had in all other  
respects complied with the applicable provisions of such naturalization laws and was  
entitled to be admitted to citizenship, such person having taken the oath of allegiance  
in a ceremony conducted by the

United States District Court for the District of Nebraska

at: Lincoln, Nebraska

on: December 18, 1998

that such person is admitted as a citizen of the United States of America.

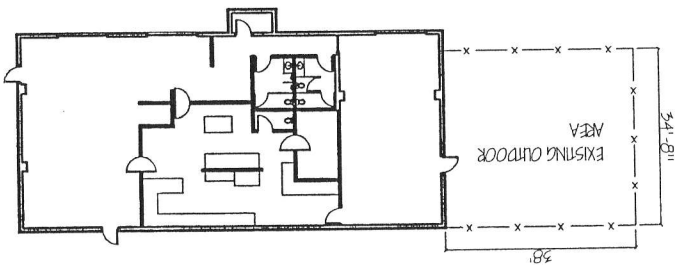
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Maris Trevisan  
Commissioner of Immigration and Naturalization

DEPARTMENT OF JUSTICE

SUN VALLEY BLVD

WESTGATE BLVD

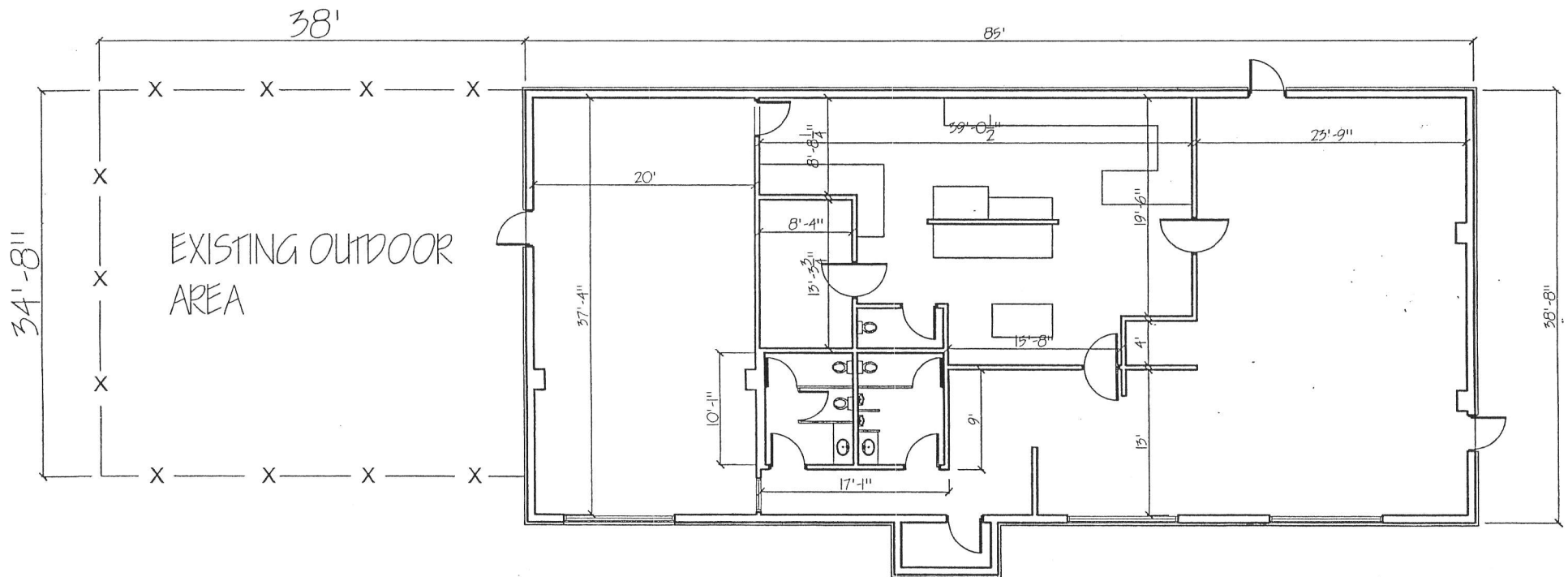


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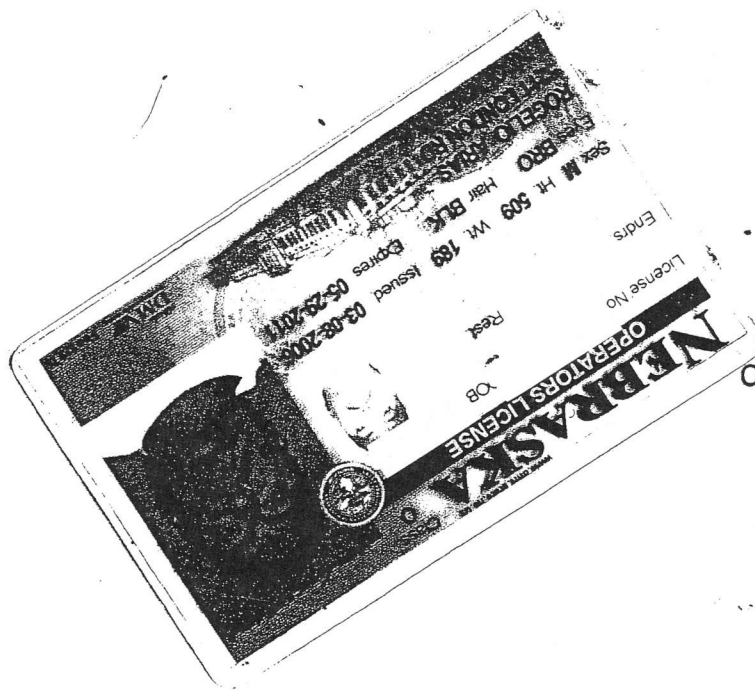
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